

ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS
***SOUTH CAROLINA* 1999 TABLES**

Nine tables for each State show the use of mental health and other services by Medicaid beneficiaries with mental health diagnoses in 1999. Enrollment and claims data from the Medicaid Analytic eXtract (MAX) files from the Centers for Medicare & Medicaid Services (CMS) are the source for these analyses. Because Medicaid programs differ across the States, and because administrative data vary in completeness and quality, caveats about the State's data should be considered in interpreting the information contained in these tables.

South Carolina Data Comments

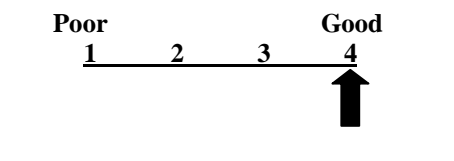
Diagnosis Codes: Diagnosis coding on claims was relatively complete, except on LT claims. Missing LT diagnoses are unlikely to have a significant impact on MH identification.

Dual Eligibles: Many dual eligibles in South Carolina had an unknown Medicaid benefit status; on these tables they appear as having full Medicaid benefits.

Inpatient Days: South Carolina’s inpatient crossover claims rarely included covered days. This causes inpatient hospital stays for groups of Medicaid beneficiaries that include a high proportion of dual eligibles (most aged and many disabled beneficiaries) to average “0” days in length, and explains the other low numbers that appear for some groups on Table 4.

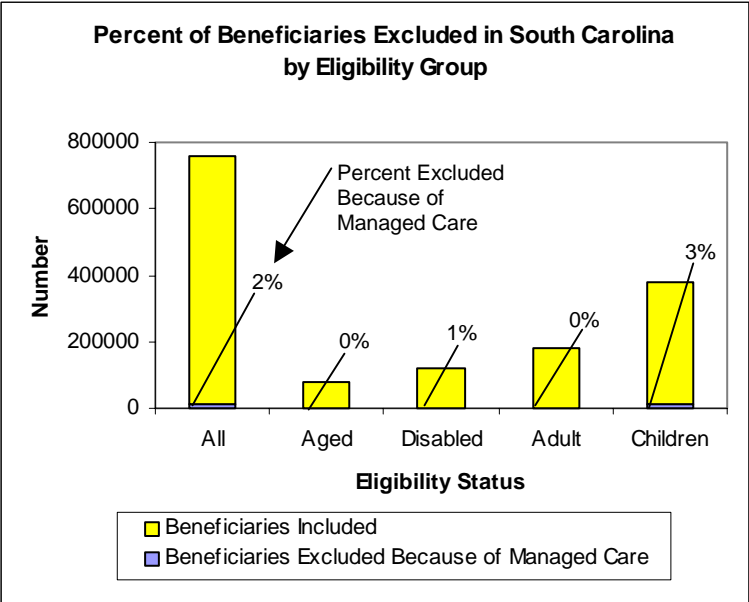
Date of Birth: Since an invalid date of birth was reported for a very small number (less than 1 percent) of individuals, counts of enrollees by age group do not match population totals.

SOUTH CAROLINA DATA QUALITY AND COMPLETENESS



The measure shown above reflects both managed care exclusions and other data issues noted to the left.

IMPACT OF MANAGED CARE EXCLUSIONS



Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. South Carolina's managed care exclusions are shown in the graph on the left.

TABLE 1
MEDICAID BENEFICIARIES AND EXPENDITURES
TOTAL AND FEE-FOR-SERVICE (FFS)
SOUTH CAROLINA, CALENDAR YEAR 1999

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	757,964	100%	745,795	98%	\$2,089,172,739	100%	\$2,053,400,234	98%
Age								
0-3	113,874	15%	111,427	98%	\$180,273,666	9%	\$174,756,042	97%
4-5	44,370	6%	42,945	97%	\$34,493,352	2%	\$32,863,448	95%
6-12	150,790	20%	146,223	97%	\$138,068,504	7%	\$132,334,854	96%
13-18	97,966	13%	96,012	98%	\$182,024,466	9%	\$177,672,640	98%
19-21	43,803	6%	43,621	100%	\$64,657,842	3%	\$64,239,088	99%
22-44	170,480	22%	169,591	99%	\$454,845,895	22%	\$450,801,187	99%
45-64	56,921	8%	56,547	99%	\$471,053,996	23%	\$467,083,124	99%
65 and older	79,722	11%	79,391	100%	\$563,646,343	27%	\$553,541,176	98%
Gender								
Female	484,071	64%	477,565	99%	\$1,256,018,761	60%	\$1,233,196,155	98%
Male	273,702	36%	268,039	98%	\$833,033,341	40%	\$820,083,442	98%
Race								
White	296,625	39%	293,255	99%	\$996,804,455	48%	\$986,396,501	99%
Black	422,634	56%	414,184	98%	\$928,179,291	44%	\$905,572,824	98%
Hispanic	6,944	1%	6,904	99%	\$6,955,101	0%	\$6,864,555	99%
American Indian/Alaskan Native	926	0%	919	99%	\$1,086,602	0%	\$1,077,661	99%
Asian/Pacific Islander	1,276	0%	1,273	100%	\$1,301,286	0%	\$1,292,941	99%
Other/Unknown	29,559	4%	29,260	99%	\$154,846,004	7%	\$152,195,752	98%
Dual Status								
Aged Duals with Full Medicaid	75,862	10%	75,535	100%	\$541,850,578	26%	\$531,867,341	98%
Disabled Duals with Full Medicaid	42,512	6%	42,460	100%	\$338,681,559	16%	\$337,511,110	100%
Duals with Limited Medicaid	0	0%	0	0%	\$0	0%	\$0	0%
Other Duals	649	0%	645	99%	\$9,585,939	0%	\$9,547,740	100%
Disabled Non-Duals	75,974	10%	74,891	99%	\$580,539,780	28%	\$572,643,640	99%
All Other Non-Duals	562,967	74%	552,264	98%	\$618,514,883	30%	\$601,830,403	97%
Eligibility Group								
Aged	79,552	11%	79,222	100%	\$563,206,983	27%	\$553,123,898	98%
Disabled	118,813	16%	117,677	99%	\$920,822,051	44%	\$911,739,571	99%
Adults	178,262	24%	177,457	100%	\$189,008,484	9%	\$186,679,042	99%
Children	381,282	50%	371,384	97%	\$415,966,261	20%	\$401,699,579	97%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 2
MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES
COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES
SOUTH CAROLINA, CALENDAR YEAR 1999

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
All	745,795	77,457	10%	\$2,053,400,234	\$595,489,479	29%
Age						
0-3	111,427	2,146	2%	\$174,756,042	\$12,026,556	7%
4-5	42,945	2,183	5%	\$32,863,448	\$7,874,191	24%
6-12	146,223	19,846	14%	\$132,334,854	\$67,526,069	51%
13-18	96,012	14,590	15%	\$177,672,640	\$111,634,193	63%
19-21	43,621	1,818	4%	\$64,239,088	\$14,837,788	23%
22-44	169,591	17,016	10%	\$450,801,187	\$139,282,886	31%
45-64	56,547	12,090	21%	\$467,083,124	\$148,670,108	32%
65 and Older	79,391	7,767	10%	\$553,541,176	\$93,637,459	17%
Gender						
Female	477,565	40,355	8%	\$1,233,196,155	\$327,390,290	27%
Male	268,039	37,090	14%	\$820,083,442	\$268,056,995	33%
Race						
White	293,255	36,351	12%	\$986,396,501	\$289,492,456	29%
Black	414,184	36,032	9%	\$905,572,824	\$255,359,793	28%
Hispanic	6,904	202	3%	\$6,864,555	\$825,703	12%
American Indian/Alaskan Native	919	60	7%	\$1,077,661	\$203,516	19%
Asian/Pacific Islander	1,273	36	3%	\$1,292,941	\$199,204	15%
Other/Unknown	29,260	4,776	16%	\$152,195,752	\$49,408,807	32%
Dual Status						
Aged Duals with Full Medicaid	75,535	7,439	10%	\$531,867,341	\$88,851,335	17%
Disabled Duals with Full Medicaid	42,460	11,261	27%	\$337,511,110	\$106,535,873	32%
Duals with Limited Medicaid	0	0	0%	\$0	\$0	0%
Other Duals	645	98	15%	\$9,547,740	\$572,000	6%
Disabled Non-Duals	74,891	18,963	25%	\$572,643,640	\$220,380,329	38%
All Other Non-Duals	552,264	39,696	7%	\$601,830,403	\$179,149,942	30%
Eligibility Group						
Aged	79,222	7,750	10%	\$553,123,898	\$93,467,615	17%
Disabled	117,677	30,259	26%	\$911,739,571	\$327,231,573	36%
Adults	177,457	6,384	4%	\$186,679,042	\$23,441,151	13%
Children	371,384	33,058	9%	\$401,699,579	\$151,335,515	38%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 3
MEDICAID FFS MENTAL HEALTH POPULATION
BY DIAGNOSTIC CATEGORY AND AGE GROUP
SOUTH CAROLINA, CALENDAR YEAR 1999

Diagnostic Category	FFS Mental Health Population							
	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	8,367	11%	230	1%	7,174	25%	963	12%
Major depression and affective psychoses	9,927	13%	1,612	4%	7,188	25%	1,127	15%
Other psychoses	2,723	4%	242	1%	1,531	5%	950	12%
Childhood psychoses	1,031	1%	884	2%	145	1%	2	0%
Neurotic & other depressive disorders	16,325	21%	3,748	9%	9,010	31%	3,567	46%
Personality disorders	576	1%	111	0%	420	1%	45	1%
Other mental disorders	827	1%	182	0%	353	1%	292	4%
Special symptoms or syndromes	2,942	4%	1,694	4%	980	3%	268	3%
Stress & adjustment reactions	10,580	14%	8,585	21%	1,797	6%	198	3%
Conduct disorders	4,128	5%	3,778	9%	326	1%	24	0%
Emotional disturbances	4,201	5%	4,175	10%	20	0%	6	0%
Hyperkinetic syndrome	15,475	20%	15,309	38%	162	1%	3	0%
No Diagnosis	355	0%	33	0%	0	0%	322	4%
Total	77,457	100%	40,583	100%	29,106	100%	7,767	100%

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

TABLE 4
PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER
FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP
SOUTH CAROLINA, CALENDAR YEAR 1999

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital		Total Inpatient Hospital			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
				Mental Health Treatment		Mental Health Treatment					
		Number of Users	Average Annual Days Per User	Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
Female	0-3	0	0	3	4	3	0%	4	214	21%	10
	4-5	1	2	4	5	5	1%	4	41	5%	6
	6-12	73	73	106	9	169	3%	37	128	2%	6
	13-18	426	79	328	9	699	12%	52	536	9%	4
	19-21	37	19	59	6	86	8%	13	351	31%	5
	22-44	0	0	1,035	6	1,035	9%	6	3,279	29%	4
	45-64	0	0	788	5	788	10%	5	3,246	40%	4
	65+	412	226	541	0	927	16%	101	3,595	62%	0
	All Ages	949	140	2,864	5	3,712	9%	40	11,390	28%	3
Male	0-3	1	118	2	7	3	0%	44	262	23%	7
	4-5	1	10	11	5	12	1%	5	41	3%	5
	6-12	252	83	313	9	532	4%	45	275	2%	4
	13-18	509	95	277	9	740	9%	69	198	2%	8
	19-21	64	82	50	7	107	15%	52	54	8%	14
	22-44	0	0	696	5	696	12%	5	1,637	28%	3
	45-64	0	0	376	4	376	10%	4	1,588	41%	4
	65+	221	228	157	1	361	19%	140	1,127	59%	1
	All Ages	1,048	119	1,882	6	2,827	8%	48	5,182	14%	3
Total	0-3	1	118	5	5	6	0%	24	476	22%	8
	4-5	2	6	15	5	17	1%	5	82	4%	6
	6-12	325	81	419	9	701	4%	43	403	2%	5
	13-18	936	87	605	9	1,440	10%	61	734	5%	5
	19-21	101	59	109	6	193	11%	34	405	22%	6
	22-44	0	0	1,731	6	1,731	10%	6	4,916	29%	4
	45-64	0	0	1,164	5	1,164	10%	5	4,834	40%	4
	65+	633	227	698	0	1,288	17%	112	4,722	61%	0
	All Ages	1,998	129	4,746	5	6,540	8%	43	16,572	21%	3

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

TABLE 5
EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL
HEALTH BENEFICIARIES, BY SEX AND AGE GROUP
SOUTH CAROLINA, CALENDAR YEAR 1999

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	464	46%	0.05	2.05	2.10	21,730	41%	2.08
	4-5	331	42%	0.03	1.90	1.93	6,265	31%	1.70
	6-12	1,931	31%	0.09	1.75	1.84	16,120	25%	1.59
	13-18	2,840	47%	0.27	2.21	2.48	12,480	27%	1.86
	19-21	703	62%	0.33	2.77	3.10	7,463	20%	2.08
	22-44	6,772	60%	0.40	3.30	3.70	24,484	18%	2.18
	45-64	4,352	53%	0.29	3.01	3.30	10,293	39%	2.38
	65+	3,057	52%	0.16	2.42	2.58	17,271	32%	1.92
	All Ages	20,450	51%	0.28	2.74	3.02	116,109	27%	1.99
Male	0-3	628	55%	0.05	2.19	2.25	24,912	44%	2.17
	4-5	587	42%	0.03	1.93	1.96	7,040	34%	1.77
	6-12	4,530	33%	0.07	1.64	1.71	15,849	26%	1.59
	13-18	3,063	36%	0.16	1.77	1.92	8,633	25%	1.59
	19-21	298	43%	0.57	2.50	3.07	1,134	23%	1.88
	22-44	2,690	47%	0.57	2.74	3.31	5,889	32%	2.42
	45-64	1,821	47%	0.41	3.29	3.70	6,580	37%	2.39
	65+	1,013	53%	0.17	2.60	2.77	5,567	33%	2.02
	All Ages	14,630	39%	0.24	2.19	2.43	75,604	33%	1.97
Total	0-3	1,092	51%	0.05	2.13	2.18	46,650	43%	2.13
	4-5	918	42%	0.03	1.92	1.95	13,306	33%	1.74
	6-12	6,461	33%	0.08	1.67	1.75	31,976	25%	1.59
	13-18	5,906	40%	0.21	1.98	2.19	21,116	26%	1.75
	19-21	1,001	55%	0.40	2.69	3.09	8,598	21%	2.05
	22-44	9,462	56%	0.45	3.14	3.59	30,375	20%	2.23
	45-64	6,173	51%	0.33	3.09	3.42	16,873	38%	2.39
	65+	4,070	52%	0.17	2.47	2.63	22,839	32%	1.94
	All Ages	35,083	45%	0.26	2.51	2.77	191,736	29%	1.98

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 6
PRESCRIPTION PSYCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH
AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP
SOUTH CAROLINA, CALENDAR YEAR 1999

Age Group	Total FFS Beneficiaries with Any Psychotropic Drug Use		FFS Mental Health Beneficiaries with Any Psychotropic Drug Use		FFS Non-Mental Health Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	3,899	4%	222	10%	3,677	3%
4-5	2,736	6%	783	36%	1,953	5%
6-12	19,547	13%	13,196	66%	6,351	5%
13-18	10,442	11%	7,106	49%	3,336	4%
19-21	2,355	5%	956	53%	1,399	3%
22-44	26,456	16%	13,283	78%	13,173	9%
45-64	24,981	44%	9,952	82%	15,029	34%
65+	25,819	33%	4,431	57%	21,388	30%
All Ages	116,238	16%	49,930	64%	66,308	10%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

TABLE 7
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
SOUTH CAROLINA, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	230	37%	73%	18%	5%	4%	43%	7%
Major depression and affective psychoses	1,612	57%	22%	17%	6%	15%	35%	19%
Other psychoses	242	28%	64%	14%	2%	10%	35%	12%
Childhood psychoses	884	19%	24%	14%	1%	23%	22%	31%
Neurotic & other depressive disorders	3,748	40%	6%	14%	1%	11%	17%	34%
Personality disorders	111	32%	13%	9%	3%	12%	19%	41%
Other mental disorders	182	12%	4%	16%	1%	5%	6%	56%
Special symptoms or syndromes	1,694	10%	2%	6%	0%	9%	4%	59%
Stress & adjustment reactions	8,585	12%	3%	6%	0%	12%	7%	48%
Conduct disorders	3,778	14%	7%	6%	2%	19%	11%	36%
Emotional disturbances	4,175	20%	7%	5%	1%	22%	13%	33%
Hyperkinetic syndrome	15,309	15%	5%	6%	1%	81%	18%	9%
No Diagnosis	33	9%	6%	0%	0%	3%	6%	30%
Total	40,583	19%	7%	7%	1%	40%	15%	45%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 8
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
SOUTH CAROLINA, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	7,174	32%	78%	32%	8%	0%	48%	8%
Major depression and affective psychoses	7,188	71%	35%	54%	11%	2%	63%	8%
Other psychoses	1,531	31%	64%	31%	2%	0%	41%	12%
Childhood psychoses	145	24%	48%	30%	1%	3%	33%	8%
Neurotic & other depressive disorders	9,010	57%	11%	54%	1%	1%	41%	17%
Personality disorders	420	62%	35%	45%	5%	1%	48%	12%
Other mental disorders	353	28%	16%	29%	1%	0%	21%	39%
Special symptoms or syndromes	980	35%	7%	32%	1%	0%	20%	44%
Stress & adjustment reactions	1,797	55%	13%	44%	1%	1%	37%	22%
Conduct disorders	326	30%	45%	30%	4%	0%	34%	14%
Emotional disturbances	20	25%	5%	35%	0%	0%	20%	35%
Hyperkinetic syndrome	162	33%	17%	22%	6%	31%	34%	20%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	29,106	51%	37%	45%	5%	1%	47%	20%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 9
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
SOUTH CAROLINA, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	963	23%	67%	28%	2%	0%	37%	7%
Major depression and affective psychoses	1,127	57%	32%	46%	6%	1%	52%	7%
Other psychoses	950	25%	37%	32%	0%	0%	28%	20%
Childhood psychoses	2	0%	0%	0%	0%	0%	0%	50%
Neurotic & other depressive disorders	3,567	31%	12%	37%	0%	0%	22%	33%
Personality disorders	45	22%	27%	29%	2%	0%	22%	18%
Other mental disorders	292	13%	14%	18%	0%	0%	11%	35%
Special symptoms or syndromes	268	25%	10%	25%	0%	1%	18%	31%
Stress & adjustment reactions	198	39%	13%	46%	0%	0%	27%	18%
Conduct disorders	24	17%	21%	17%	0%	0%	21%	17%
Emotional disturbances	6	17%	33%	17%	0%	0%	17%	17%
Hyperkinetic syndrome	3	67%	33%	33%	0%	0%	33%	0%
No Diagnosis	322	4%	5%	5%	0%	0%	5%	4%
Total	7,767	31%	25%	34%	1%	0%	28%	43%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).